

**INCOME FACT SHEET
HOME ENERGY ASSISTANCE PROGRAM / REDUCED RATE PROGRAM**

You may qualify for assistance if your household's total gross monthly income does not exceed the income guidelines listed below. The household's income must be verified to receive assistance. See "Examples of Proof of Income" below.

ASSISTANCE PROGRAM INCOME GUIDELINES (Rev. 11/04)										
HEAP (valid through 12/31/05)			Reduced Rate Programs (valid through 5/31/05)							
			RAP		SMUD		MID		AU, CARE, PPL, SPPCo.	
Size of Household	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	\$1,709.92	\$20,519.00	\$1,709.92	\$20,519	\$1,950.00	\$23,400	\$1,561	\$18,735	\$1,950.00	\$23,400
2	\$2,236.08	\$26,833.00	\$2,236.08	\$26,833	\$1,950.00	\$23,400	\$1,959	\$23,505	\$1,950.00	\$23,400
3	\$2,762.17	\$33,140.00	\$2,762.17	\$33,140	\$2,292.00	\$27,500	\$2,356	\$28,275	\$2,292.00	\$27,500
4	\$3,288.33	\$39,460.00	\$3,288.33	\$39,460	\$2,758.00	\$33,100	\$2,753	\$32,985	\$2,758.00	\$33,100
5	\$3,814.42	\$45,774.00	\$3,814.42	\$45,774	\$3,225.00	\$38,700	\$3,150	\$37,695	\$3,225.00	\$38,700
6	\$4,340.58	\$52,087.00	\$4,340.58	\$52,087	\$3,692.00	\$44,300	\$1,561	\$18,735	\$3,692.00	\$44,300
RRP Additional Family Member Amounts:			\$526	\$6,313	\$467.00	\$5,600	\$397	\$4,710	\$467.00	\$5,600
HEAP Additional Family Member Amounts:	\$98.65	\$1,184.00								

EXAMPLES OF PROOF OF INCOME

All proof of income must be current and must show an income amount.

- Temporary Assistance for Needy Families (TANF): Notice of Action; computer printout; benefit letter; copy of welfare check;
- Supplemental Security Income: Notice of Planned Action or Form 2458; computer printout from Social Security Office; copy of bank statement showing SSI direct deposit; copy of SSI check;
- Social Security: copy of current check(s); SSA Form 4926, or 2458; computer printout from Social Security Administration Office; Bank Statement showing direct deposit;
- Pension and Annuities: copy of a current check; verification on letterhead or annual statement from pension plan;
- Wages: Copy of current paycheck stub(s) covering a one-month period and showing gross income;
- Interest Income: monthly or quarterly bank statement; statement of interest income from bank or agency;
- Disability Compensation: copy of a current check; printout or letter from agency or insurance company verifying the compensation amount;
- Unemployment Benefits: copy of current check(s); printout from Employment Development Department;
- Child and/or Spousal support: copy of current check;
- Support from an Individual: copy of check and statement signed by person providing the support;
- General Assistance: Notice of Action from County Social Services; copy of a current check;
- Student Aid: Financial Aid statement from College or University;
- Veteran's Benefits: letter indicating receipt of Veteran's Pension; copy of Veteran's Administration check;
- Signed Federal Tax Form 1040: ONLY FOR SELF-EMPLOYED

PLEASE SEND COPIES. ORIGINALS CANNOT BE RETURNED.

PLEASE NOTE: W2's are no longer accepted. 2003 Federal Tax Form 1040 (valid through April 15, 2005) will only be accepted for the Self-Employed. Medi-Cal stickers are not accepted as proof of income.

The Department of Community Services and Development does not discriminate in the provision of services on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation. For Americans with Disabilities Act/Section 504, Rehabilitation Act issues, and other Affirmative Action issues, call (916) 263-8673.

**QUESTIONS/INFORMATION? HEAP 1-866-675-6623
Deaf or Hearing-Impaired Applicants: CA Relay Service 1-800-725-2922 / TDD/TTY (916) 327-6318**

HOJA DE DATOS SOBRE INGRESOS
PROGRAMA DE AYUDA PARA LA ENERGIA DEL HOGAR / PROGRAMAS DE TARIFAS REDUCIDAS

Usted podría ser elegible si su total de ingreso mensual, en bruto, no excede el Guía de Ingresos que se menciona abajo. El ingreso en su hogar debe ser verificado para recibir ayuda. Vea la lista sobre comprobantes de ingresos que se menciona abajo.

GUIA DE INGRESOS PARA PROGRAMAS DE AYUDA (Rev. 11/04)										
HEAP (válido hasta 12/31/05)			Programas de Tarifas Reducidas (válido hasta 5/31/04)							
			RAP		SMUD		MID		AU, CARE, PPL, SPPCo.	
Size of Household	Mensual	Anual	Mensual	Anual	Mensual	Anual	Mensua	Anual	Mensua	Anual
1	\$1,709.92	\$20,519.00	\$1,709.92	\$20,519	\$1,950.00	\$23,400	\$1,561	\$18,735	\$1,950.00	\$23,400
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Cantidades de RRP para familias con miembros adicionales:			\$526	\$6,313	\$467.00	\$5,600	\$397	\$4,710	\$467.00	\$5,600
HEAP Cantidades para miembros adicionales en la familia:	\$98.65	\$1,184.00								

LISTA SOBRE COMPROBANTES DE INGRESOS

Todos los comprobantes de ingreso deben ser recientes y deben mostrar una cantidad.

- Ayuda Temporal para Familias Necesitadas (TANF): Notificación de Acción o carta de beneficio; copia del cheque de "welfare";
- Ingreso Suplemental de Seguro: Aviso de Acción Planificada o Formulario 2458; copia impresa computarizada de la oficina del Seguro social; copia del estado de cuenta bancario que muestre el depósito directo de SSI; copia de cheque de SSI;
- Seguro Social: copia de cheque(s) reciente(s): formulario 4926 o 2458 de Seguro Social; una copia impresa computarizada de la Oficina de Administración del Seguro Social;
- Pensión y pensiones vitalicias: copia de un cheque reciente; verificación por carta o declaración anual del plan de pensión;
- Talones de cheques de salario: talones recientes que cubran un período de un mes y que muestren el ingreso en bruto;
- Ingreso por interés: estado de cuenta bancario mensual o trimestral; estado de cuenta del ingreso por interés de un banco o agencia;
- Compensación por incapacidad: copia de un cheque reciente: copia impresa computarizada o carta de la agencia o compañía de seguro que verifique la cantidad de la compensación;
- Beneficios de desempleo: copia de cheques(s) reciente(s) del Departamento para el Desarrollo de Empleos;
- Sustento de hijos y/o conyuge: copia de un cheque reciente;
- Sustento por parte de un individuo: copia de un cheque y declaración firmada por la persona que proporciona el apoyo;
- Ayuda General: Aviso de Acción de los Servicios Sociales del Condado; copia de un cheque reciente;
- Ayuda a estudiantes: declaración de ayuda financiera de un Colegio o Universidad;
- Beneficios para Veteranos de Guerra: Una carta que indique el recibo de una Pensión de Veterano de Guerra; copia del cheque de la Administración de Veteranos de Guerra;
- Formulario 1040 de Impuestos Federales firmado: SOLO PARA PERSONAS QUE TRABAJAN POR SU CUENTA.

POR FAVOR ENVIE COPIAS. FORMAS ORIGINALES NO SERAN DEVUELTAS.

POR FAVOR NOTE: Los formularios W2 ya no son aceptados. El formulario Federal 1040 del 2003 (válido hasta el 15 de Abril del 2005) será aceptado solamente para las personas que trabajan por su cuenta. Las estampillas de Medi-Cal no son aceptadas como comprobantes de ingreso.

El Departamento de Servicios y Desarrollo de la Comunidad no discrimina en los servicios que ofrece debido a raza, religión, credo, color, origen de nacionalidad, incapacidad física, incapacidad mental, condición médica, estado marital, sexo, edad, u orientación sexual. Si tiene preguntas sobre la Ley del Incapacidad/Sección 504, la Ley de Rehabilitación, y de Acción Afirmativa, llame al (916) 263-8673.

PREGUNTAS/INFORMACION? HEAP 1-866-675-6623

Solicitantes sordomudos: Servicio de Retransmisión de CA 1-800-725-2922 / TDD/TTY (916) 327-6318

DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT

P.O. Box 1947
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 HOME ENERGY ASSISTANCE PROGRAM
 REDUCED RATE PROGRAMS**

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

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The local community services agencies are responsible for processing applications, and the Department of Community Services and Development (CSD) is responsible for issuing HEAP payments. To find out how to apply for HEAP, call 1-866-675-6623.

REDUCED RATE PROGRAMS (RRP)

Customers of City of Santa Clara (RAP), City of Healdsburg (CARE), Pacific Power and Light (PP&L), Avista Utilities, Sierra Pacific Power Company (SPPCo), Modesto Irrigation District (MID), and Sacramento Municipal Utility District (SMUD) may be eligible to participate in a reduced rate program offering 15% to 30% discount (depending on utility company) on monthly energy charges. To qualify for reduced rate assistance, the total household income cannot exceed the Reduced Rate Program income guidelines listed below. Applications are processed within 20 working days from receipt of the applications. Once approved, the discount will appear on the utility bill within one to two billing cycles. The process is delayed when an application is incomplete or incorrect. To request an application for: City of Santa Clara and City of Healdsburg, please call (866) 675-6626, Pacific Power and Light, Sierra Pacific Power Company and Avista Utilities, please call (866) 675-6627, Sacramento Municipal Utility District, please call (866) 675-6624, and Modesto Irrigation District, please call (866) 645-6625.

In addition to the above utility companies, there are many other utility companies throughout the state that offer reduced rate programs. Customers should contact their utility company to find out if they offer such a program and to request an application.

ASSISTANCE PROGRAM INCOME GUIDELINES (Rev. 11/04)										
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1	\$1,709.92	\$20,519.00	\$1,709.92	\$20,519	\$1,950.00	\$23,400	\$1,561	\$18,735	\$1,950.00	\$23,400
2	\$2,236.08	\$26,833.00	\$2,236.08	\$26,833	\$1,950.00	\$23,400	\$1,561	\$18,735	\$1,950.00	\$23,400
3	\$2,762.17	\$33,140.00	\$2,762.17	\$33,140	\$2,292.00	\$27,500	\$1,959	\$23,505	\$2,292.00	\$27,500
4	\$3,288.33	\$39,460.00	\$3,288.33	\$39,460	\$2,758.00	\$33,100	\$2,356	\$28,275	\$2,758.00	\$33,100
5	\$3,814.42	\$45,774.00	\$3,814.42	\$45,774	\$3,225.00	\$38,700	\$2,753	\$32,985	\$3,225.00	\$38,700
6	\$4,340.58	\$52,087.00	\$4,340.58	\$52,087	\$3,692.00	\$44,300	\$3,150	\$37,695	\$3,692.00	\$44,300
NOTE: For RRP households with more than 6 members, increase income by the amounts listed below for each additional family member. For HEAP households, add 3% to 132% for each additional family member, multiply the new percentage by \$39,460.00, and divide by 12. Example: household size of 7: 132% + 3% = 135% x \$39,460.00 = \$53,271.00 / 12 = \$4,439.25 per month.										
RRP Additional Family Member Amounts:			\$526	\$6,313	\$467.00	\$5,600	\$397	\$4,710	\$467.00	\$5,600